

# Military Leave

## Request for up to Fifteen (15) Days Paid Leave

In accordance with military orders submitted, I \_\_\_\_\_  
Employee's Name (printed)  
request paid leave for each day I am scheduled to work during the time period covered  
by these orders up to a maximum of fifteen (15) days.  
This request is for calendar year \_\_\_\_\_.

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

Check appropriate box:

- ☐ Copy of new military orders attached.
- ☐ Refer to military orders already submitted.

### For Agency HR Office Use Only

*Date Received in HR Office (date stamp here)*

*Check box when action is properly completed:*

For Leaves where Employee remains on payroll:

- ☐ Attendance Form properly completed and submitted.
- ☐ Appropriate number of paid leave days deducted from available paid leave days.
- ☐ Number of paid leave days remaining in Calendar Year \_\_\_\_\_ is \_\_\_\_\_.

For Leaves where Employee is not on payroll at the time of the request:

- ☐ Special Warrant requested on properly completed form in timely manner.
- ☐ Differential Pay, if applicable, suspended during these paid leave days.
- ☐ Tracking information added to the Military Leave Agency Checklist.
- ☐ This form & supporting documentation attached to Employee's Military Leave File.
- ☐ All information & documentation communicated to the Military Leave Contact at the State Personnel Department.

**Signature of HR staff processing request:**